



Greyfriars Medical Centre

33-37 Castle Street, DG1 1DL, Dumfries

T: 01387 257 752

Date:

Change of Address or Name

If you have recently changed your address or name, please complete the following form. It is important for us to have **up-to-date information** to ensure effective communication and provide you with the best possible care. Once you have filled out the form, kindly bring it to our reception desk **in person**.

Forename:	Surname:
Title:	Relationship Status:
Date of Birth:	New Name & Title (if changed):
Old Address:	
Postcode:	
New Address:	
Postcode:	
Landline Number:	Mobile Number:
Email Address:	

Please let us know if anyone else who is registered at the surgery has moved with you:

Name:	Date of Birth:	Telephone Number: